

FORM D
TESTING ACCOMMODATIONS -
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD) VERIFICATION
(Please print or type; must be legible)
(To be completed by a physician or licensed professional; see below*)

Name of applicant requesting testing accommodations: _____

I. QUALIFICATIONS OF THE EXAMINER/DIAGNOSTICIAN

Name of professional completing this form: _____

Address: _____

Telephone number: _____

Occupation, title & specialty:

License number: _____

**The following professionals are deemed appropriate and qualified to provide a diagnosis of Attention Deficit/Hyperactivity Disorder (AD/HD): Clinical Psychologist, Neuropsychologist, Psychiatrist (must be licensed).*

Please describe your specialized training in the assessment, diagnosis and remediation of AD/HD with the adult population. A minimum of three (3) years of demonstrated experience with the adult population is considered appropriate and critical. If you are not one of the above three professions, please indicate why you are qualified to render this diagnosis and specifically, what training and experience qualifies you to conduct a differential diagnosis of AD/HD.

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

DSM-IV criteria are used to provide a basic guideline for AD/HD diagnosis. This diagnosis depends on objective evidence of AD/HD symptoms across the applicant's development, which cause the applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally deemed insufficient to establish evidence for AD/HD. Attach report providing details for Questions 1 - 7.

1. When was the applicant first diagnosed with

AD/HD?: _____

2. When was your last complete evaluation of the applicant?: _____

3. Does the applicant have a previously documented history of AD/HD?: ☐ **YES** ☐ **NO**

If so, briefly describe; if not, what objective evidence has been presented for your review that supports a likely history of undiagnosed AD/HD (school records, previous psychological test reports, parent interview, etc.):

4. List the applicant's self-reported symptoms of AD/HD indicating sufficient qualification for DSM-IV criteria:

5. Does the applicant exhibit clinically significant impairment across multiple environments (academic, work, social, etc.)? ☐ **YES** ☐ **NO** Briefly describe:

6. Are these self-reported symptoms of AD/HD (question #4) and the evidence of clinically significant impairments across multiple environments (question #5) supported by information other than applicant self-report (job evaluations, recent teacher evaluation, interviews with significant others)? ☐ **YES** ☐ **NO** Briefly describe:

7. Does the applicant meet full DSM-IV criteria for (*check which diagnosis applies*)?:

☐ AD/HD, Combined Type

☐ AD/HD, Predominantly Inattentive Type

☐ AD/HD, Predominantly Hyperactive-Impulsive Type

III. FORMAL TESTING

Psychological and cognitive tests are not deemed necessary to confirm an AD/HD diagnosis. However, both are recommended to: a) quantify AD/HD symptoms/describe co-morbid problems (other psychiatric disturbance, low cognitive ability, learning disability), and b) establish some objective evidence of information-processing problems impacting on test-taking performance. Answer the following questions whether or not formal testing was completed; if completed, attach report(s) with scores.

8. Was psychological testing and/or AD/HD checklists completed? ☐ **YES** ☐ **NO**
If yes, briefly describe how findings support AD/HD diagnosis. If not, explain why testing was not deemed necessary to rule out other psychiatric diagnoses.

9. Was cognitive testing performed? ☐ **YES** ☐ **NO**
If, yes, briefly describe how findings support AD/HD diagnosis. If not, explain why cognitive testing was not deemed necessary to rule out low ability level and/or establish objective evidence of processing problems.

10. Do you believe the applicant's motivation level, interview behavior, and/or test-taking behavior was adequate to yield reliable diagnostic information/test results? ☐ **YES** ☐ **NO**
Describe how this determination was made:

IV. ACCOMMODATION REQUESTS

1. Is the applicant currently being treated for AD/HD? ☐ **YES** ☐ **NO** If yes, describe whether this treatment is beneficial in ameliorating the AD/HD symptoms and, if so, why are accommodations necessary. If not, explain why treatment other than accommodations is not being pursued.

2. Based on your evaluation, explain how AD/HD symptoms affect the applicant's ability to complete tests under standard conditions; describe with a focus on the **functional impact or limitation of the AD/HD symptoms**:

3. Has objective evidence been reviewed to indicate that accommodations that you will recommend have demonstrated an amelioration of AD/HD symptoms during tests (evidence of improved cognitive test performance during your evaluation with accommodations; or evidence from past objective tests indicating improved performance under accommodated test conditions)? ☐ **YES** ☐ **NO** Briefly describe:

4. What specific testing accommodations would you recommend for taking the examination? (Check below all specific accommodations you believe are necessary. Note: The accommodation of extended time needs additional specific information.)

Alternative Formats

- ☐ Audio Cassette Version of the Examination
- ☐ Large Print Examination Materials
(check one: ☐ 18 pt or ☐ 24 pt.)
- ☐ Word Processor
- ☐ Computer (only if software is available to restrict access)
- ☐ Private Room ☐ Semi-private Room
- ☐ Extended Time (complete section on page 5)

Personal Assistance

- ☐ Dictate to a Typist
- ☐ Reader
- ☐ Scribe
- ☐ Assistance with multiple-choice answer sheet (Scantron sheet)
- ☐ Dictate to a Tape Recorder
- ☐ Other _____

Please provide rationale for requests indicated: _____

Accommodation of Extra Time

Specify the amount of **additional time** requested for each session of the examination. Indicate why additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each test format of the examination (i.e. functional limitation). The Bar Examination has six 3-hour sessions (three essay questions or one performance test or 100 multiple-choice questions per session) and the First-Year Law Students' Examination has one 4-hour session for administration of its four essay questions and one 3-hour session where 100 multiple-choice questions are administered.

All requests for additional time must specify the exact amount of additional time. It is important to keep in mind that breaks are included in the timed portion of the examination. No accommodation of unlimited time will be granted. If additional testing time is requested, but the specific amount of additional time is not indicated, the petition will be returned as incomplete.

Essay: Specify the amount of additional test time needed per session and rationale: _____

Performance Test: Specify the amount of additional test time needed per session and rationale:

Multiple-Choice: Specify the amount of additional test time needed per session and rationale:

V. PRIOR HISTORY AND PAST ACCOMMODATIONS

Please describe any previously documented history of AD/HD and list accommodations that have been granted to the applicant in the past:

VI. CONFIDENTIALITY

Confidentiality policies of the Committee of Bar Examiners/Office of Admissions of The State Bar of California will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process.

VII. CLINICIAN/LICENSED PROFESSIONAL'S SIGNATURE

I attach hereto copies of all test results, evaluations, educational or psychological reports that I relied upon in making this diagnosis of the applicant's condition/disability (notes and worksheets are not required as part of this submission). **This is required.**

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

(Signature of Clinician/Licensed Professional)

(Date)

The Committee of Bar Examiners reserves the right to make final judgement concerning testing accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.